



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Stephane Bedard Serial No.: 10/627,503
Filed : 7/25/2003 Docket No.: 14206/67498
Examiner : Group Art: 3738
Title : Positioning of Lower Extremities Artificial Proprioceptors

Assistant Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR 1.97 and 1.98

Dear Sir:

CONTENT OF INFORMATION DISCLOSURE STATEMENT - 37 CFR 1.98

Pursuant to 37 CFR 1.98(a), this Information Disclosure Statement includes PTO Form 1449 listing all patents, publications, applications, or other information submitted for consideration by the Office and a copy of each patent, publication, application, or other information.

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12/17/03

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Signature

Flathead Woods

Signature Heather Woods
(Type or Print Name of Person Signing Certificate)

FILING OF INFORMATION DISCLOSURE STATEMENT - 37 CFR 1.97

Filed Under 37 CFR 1.97(b)

[x] Pursuant to 37 CFR 1.97(b), this Information Disclosure Statement is being filed within three months of the filing date of the above identified application, within three months of the entry of the national stage of the above identified application, or before the mailing date of the first office action on the merits. Accordingly, applicant(s) submits that no fee or certification is required.

FEE SET FORTH IN 37 CFR 1.17(p)

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 04-0932 (Reference Number 14206/67498).

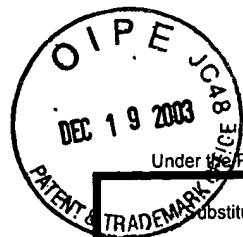
Respectfully submitted,

Date: 12-17-03

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PTO/SB/08a (08-03)

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

<p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p>(Use as many sheets as necessary)</p>				Complete if Known	
				Application Number	10/627,503
				Filing Date	7/25/2003
				First Named Inventor	Bedard
				Art Unit	3738
				Examiner Name	
Sheet	1	of	1	Attorney Docket Number	14206/67498

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/627,503	
	Filing Date	July 25, 2003	
	First Named Inventor	Bedard, Stephane	
	Art Unit	3738	
	Examiner Name		
Total Number of Pages in This Submission	17	Attorney Docket Number	14206/67498

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form 1449
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kevin Carroll
Signature	
Date	December 17, 2003

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Type or printed name	Heather Woods
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Date	December 17, 2003

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